

Community Health Workers Fill Gaps in Care

By Michael Wilson

The most complex and high-risk primary care patients in DHS are getting support at home to avoid costly readmissions, emergency visits and out-of-network care. Under a year-long demonstration project, 25 community health workers (CHWs) have integrated with primary care teams to extend health care for 1,250 patients beyond regular office visits.

The Care Connections Program (CCP) applies tools and strategies implemented in other areas of the country that have improved the care of complex patients. The demonstration aims to improve clinical outcomes by supporting and empowering patients to optimally navigate the health system. Community workers serve as health advocates, system navigators, and health coaches. Because they typically live in the communities where they work, they understand the challenges patients face and the services that are accessible in a patient's backyard.

As key members of the patient-centered medical home team, they will grow in their function as intermediaries in the field.

They can review medication checklists, relay patient questions to the provider team, empower patients to engage in their care regimen, and link them to community resources such as food and housing assistance, and support groups. "This program is really at the heart of community health and our work to improve the health of a target population with a higher burden of disease," says Mark Ghaly, MD, DHS director of community health and integrated programs. "It's a model of care that we believe will allow DHS to provide better, focused care for a subset of patients that is often difficult to engage, harder to track, and accesses

acute services when they are not necessarily indicated. When this happens, it is neither good for the patient or our system."

Community health workers can educate patients during home visits, while riding the bus together, or during one of the many phone calls the CHW and a patient has



Community Health Workers support medical home teams by supporting complex patients in their communities. A team of newly hired workers are pictured at the Watts Towers Museum.

each month. Addressing wider issues, like getting transportation to an appointment when you're disabled, or understanding a medical diagnosis when you have low-literacy, are also factors in the health equation Ghaly explains. Unfortunately the current health system leaves patients to figure out those problems largely on their own. "The program is about addressing all of the care needs — medical, behavioral, or social — that a patient encounters on their road to maintaining or improving their health."

Program director Ami Shah, MPH, says CHWs fill a critical gap in the existing health system. They bring

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A Message From the Director



I write this to you over Memorial Day weekend, a time to remember those who gave their life to this country and all who have served in the armed forces.

We are proud to have many Veterans in DHS. My Dad, who served in World War II, is part of a dying generation. He's 92. Whenever he goes out he wears his WWII Veteran cap. It is touching to me that people salute him and say, "it is an honor to serve you." In one case, a stranger at the same restaurant insisted on picking up the check. A good lesson for all of us on showing respect to those who fought for our country.

For showing the same strength of character, I want to commend the LAC+USC team that went to help the victims of the earthquake in Nepal. It makes me proud that our organization is filled with people of great generosity of spirit.

Friday, May 29th is a big day for the LAC+USC Medical Center and the surrounding health centers — Edward Roybal, H. Claude Hudson, El Monte and La Puente — they will go live on ORCHID. Although Friday is the big "turn on the switch" day, in truth, the hospital and the health centers are already scheduling patients using ORCHID, and our care providers are entering medicines and problem lists in the new system.

Once ORCHID goes live in this cluster, we will have 75% of DHS on one system! High Desert Regional Health Center, Rancho Los Amigos, and Olive View-UCLA Medical Center, here we come! Best wishes.



Pomona Valley Hospital Takes Major Step to Become Trauma Center

By Michael Wilson

L.A. County has begun negotiations with Pomona Valley Hospital Medical Center (Pomona Valley) to open a Level II trauma center in the East San Gabriel Valley (ESGV). The region has been without a trauma center for over two decades.

Trauma centers are hospitals that have enhanced emergency departments and specialized services capable of treating the most severe cases, such as victims of motor vehicle accidents, gunshots, or other traumatic injuries. They are costly to run because volume is unpredictable and they require teams of 24/7 on-call specialists and expensive equipment to maintain.

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Gutierrez Named President of State Pharmacy Board

By Michael Wilson

DHS Chief Pharmacy Officer Amy Gutierrez, Pharm.D., has been elected president of the California State Board of Pharmacy, the agency announced this month. She was appointed to the Board by Governor Jerry Brown in 2012. As president, she will lead the Board's efforts to set statewide policy and promote practices to ensure high quality pharmacy care for residents.



"I am honored to earn this kind of support from my peers and I look forward to working with my colleagues to raise the bar for pharmacy practice," said Gutierrez. "Serving on the Board comes with a high level of responsibility and duty to protect the interests and safety of the public." Key issues facing the Pharmacy Board include addressing growing issues with drug diversion, implementing new sterile compounding pharmacy regulations, and promoting access to the State's prescription drug monitoring program, known as "CURES." Another key focus is implementation of Senate Bill 493, which expands the scope of practice for pharmacists.

This legislation creates an additional license category, advanced practice pharmacist (APP), which allows for direct medication therapy management and prescribing authority. SB 493 also authorizes pharmacists to furnish contraception, smoking cessation, and travel medicine therapy, along with the ability to directly administer vaccines. The State Board of Pharmacy recently issued emergency regulations to allow pharmacies to furnish naloxone therapy without a prescription to reduce deaths from opioid drug overdose.

Gutierrez completed a California Healthcare Foundation healthcare leadership fellowship in 2005, and served as a leadership advisor for this same program from 2007 to 2009. She has been an adjunct professor of clinical pharmacy at the University of Southern California, School of Pharmacy, since 2002 and an adjunct professor of pharmacy at Western University College of Pharmacy since 2010. She earned her Doctor of Pharmacy degree from the University of Southern California School of Pharmacy.

Medical Aid Team Returns from Nepal



A Keck School of Medicine of USC medical response team recently returned to Los Angeles after six days in Kathmandu, Nepal, where they provided medical assistance at various hospitals, including the Nepal Orthopedic Hospital. The team of six, including surgeons, an anesthesiologist, nurses and an emergency room physician, provided medical treatment, educated local physicians on medical procedures and brought equipment and medication to help Nepalese and other physicians respond to the needs to those injured in the 7.8 magnitude quake. Pictured (left to right): Lydia Lam, Ramona Paolim, Karen Kim Embrey, Edward Newton, Kenji Inaba, and Shihab Sugeir.

LAC+USC LGBT Committee Promotes Tolerance

By Peter Ureste, MD

LAC+USC Medical Center recently established the Gay, Lesbian, Bisexual, Transgender, and Ally (LGBT) Advisory Committee with the mission of promoting a tolerant and inclusive hospital environment for its LGBT patients, students, and employees. Their primary initiative is to improve the hospital's Healthcare Equality Index (HEI), which is a national benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion on their LGBT patients, visitors, and employees. The HEI looks at whether there are equal visitation and non-discrimination policies for LGBT patients and employees, and if staff training in LGBT patient-centered care is offered. LAC+USC was surveyed in 2013 and found to have met only one of the four core criteria. The first initiative of the LGBT Advisory Committee will be to review hospital policies and procedures and make recommendations to the administration for improving the medical center's adherence to the four core criteria. The second initiative of the advisory committee is to improve the institutional climate for LGBT residents. The Committee of Interns and Residents (CIR) has developed an Institutional Review Board (IRB) approved survey to better understand the workplace and training



environment for LGBT residents and it is scheduled to be nationally disseminated to all CIR trainees in the upcoming months. After the survey results are obtained, the second initiative of the LGBT Advisory Committee is to provide recommendations to the LAC+USC's Graduate Medical Education Committee and hospital administration for improving the training environment. The third initiative is to support LGBT patients, students, and employees with a formal mentoring program. The LGBT Advisory Committee is currently recruiting members from all sectors of the hospitals including patients and community members. If interested in being a part of the Advisory Committee then contact Peter Ureste, MD at PUreste@dhs.lacounty.gov.

('CHWs')

life experience, the resilience to problem solve in vulnerable communities, and the capacity to understand the emotional and social needs that influence a patient's biological health. Though not licensed, they are carefully screened and receive over 200 hours of training. Diane Factor, director of the Worker Resource and Education Center (WERC), says the trainings were funded by the California Endowment and focused on developing competencies and skills in patient engagement, health coaching, and motivational interviewing. The curriculum included lessons on the history and role of

community workers, and the specific health issues and health determinants of populations in South L.A. and East L.A. "We want individuals who can relate to these hard to serve patients and will be creative doing it and understand what they face in the community." During the initial phase, each CHW will each handle a workload of up to 50 patients in five outpatient settings: the Roybal, El Monte, and Humphrey Comprehensive Health Centers, the Martin Luther King, Jr. Outpatient Clinic, and the adult primary clinic housed at LAC+USC Medical Center.

('POMONA')

Trauma centers typically require multi-million dollar investments to get off the ground -- costs that can be partially offset by Measure B, a parcel tax approved by County voters in 2002 to support the County's fragile trauma system. The County had 22 trauma centers at its height in the 1980's before financial strain led to a string of closures. The Department of Health Services (DHS) runs two Level I trauma centers — the highest designation — at LAC+USC and Harbor-UCLA Medical Centers. If Pomona Valley is brought online, there would be a total of 15 trauma centers in the County. "This is the vital first step in our effort to provide a designated trauma center to serve the residents of the East San Gabriel Valley and others needing trauma services in the region," L.A. County Mayor Michael D. Antonovich said in a press statement. "We're happy that Pomona Valley will join the system," said EMS Agency director Cathy Chidester. "This has been a goal for DHS for many years and we look forward to bringing them into the trauma fold." If a contract is approved with Pomona Valley, several steps would need to be accomplished before it could be designated as a trauma center, including a site review by the American College of Surgeons. The process could last a year or longer. DHS Contracts and Grants chief Kathy Hanks described the solicitation as a two-step process that included an initial Request for Information sent to qualifying hospitals in the ESGV, with two hospitals expressing an interest in becoming a trauma center, Pomona Valley and Citrus Valley Medical Center in West Covina; a subsequent Request for Applications was sent to these hospitals. The applications were evaluated by an expert panel on criteria including financing, staffing, and other operational factors. Contract negotiations are expected to be finalized by summer.